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NEEDS OF STUDENTS WITH AN ALCOHOL PROBLEM IN THEIR FAMILY.

BY- WEIR, WILLIAM R.
AMERICAN PERSONNEL AND GUIDANCE ASSN., WASH., D.C.

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A VOLUNTARY COUNSELING PROGRAM FOR STUDENTS IN FAMILIES WITH AN ALCOHOL PROBLEM WAS INSTITUTED AS PART OF THE OVER-ALL ALCOHOL EDUCATION PROGRAM IN THE SCHOOL. TO DETERMINE THE NEEDS OF THE PROGRAM, A STUDY WAS DONE COMPARING 317 STUDENTS WITH 65 STUDENTS DISPLAYING AN ALCOHOLIC PROBLEM IN THEIR FAMILY. THE STUDY CONCLUDED THAT BIOGRAPHICAL DATA SHOULD BE CONSIDERED IN DEVELOPING A PROGRAM OF ALCOHOL EDUCATION. ALTHOUGH RESPONSES TO PERSONALITY INVENTORIES, SEMANTIC DIFFERENTIAL SCALES, AND ATTITUDINAL SCALES DISPLAYED SIGNIFICANT DIFFERENCES IN RELATION TO STUDENT INVOLVEMENT IN A FAMILY ALCOHOL PROBLEM, THE RETENTION OF ALCOHOL INFORMATION WAS NOT RELATED SIGNIFICANTLY TO INVOLVEMENT WITH THE PROBLEM. COUNSELING SESSIONS ALLOWED STUDENT TO FREELY EXPRESS THEIR NEEDS AND FEELINGS BY USE OF EITHER A DEVELOPMENTAL APPROACH OR PROBLEM CENTERED APPROACH. THE COUNSELORS PRESENTED GENUINENESS, UNPOSSESSIVE WARMTH, AND EMPATHY. BOTH THE OBJECTIVE DATA AND A SUBJECTIVE EVALUATION INDICATED THAT THE COUNSELING PROGRAM WAS A VERY IMPORTANT PHASE OF THE OVER-ALL ALCOHOL EDUCATION PROGRAM. THIS PAPER WAS PRESENTED AT THE AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION CONFERENCE (DETROIT, APRIL 1968). (CG)

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Needs of Students with an Alcohol Problem in Their Family*

By William R. Weir, Ed D., Director of the Alcoholism Division, North Dakota State Hospital, Jamestown, North Dakota.

By being aware of the latest concepts in the field of alcoholism; namely, that alcoholism is an illness and that the whole family is involved very intimately in the gradual deterioration connected with this illness, it seemed only logical that a voluntary counseling program for the student should become an integral part of any program of alcohol education. Past studies have shown that one person in every six is directly involved in this illness as an alcoholic or as a person directly involved with an alcoholic. Past studies have also shown that ambivalent feelings and poor identification were the main causes of children's problems in families with an alcohol problem, (Glatt 1958). Holden (1945) found that very little attention has been given to the children of alcoholics, even though they are often the hidden and innocent victims. To know the dynamics of the family with an alcohol problem is to know that a majority of the children display what Kroeber (1963) has described as defensive ego behavior instead of coping ego behavior; or what Coleman (1960) has called defensive-oriented behavior in place of task-oriented behavior. In studying problem drinking on the college level, Williams (1965) concluded that excessive drinking was associated with low self-evaluation which complemented Park's (1958) findings of deviation and ambivalence in male role orientation among young male problem drinkers. It was significant that this low self-evaluation found among young people with a drinking problem was consistent with previous findings with alcoholics (Jellinek, 1962, and Williams, 1964).

It is also interesting to note that Verdery (1962) discovered that children presenting a family alcohol problem seldom developed a middle-of-the-road

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attitude toward the use of alcohol. With these studies in mind and with the authors past experience in dealing with alcoholics and their families in an outpatient setting it became essential that the voluntary counseling program became a part of the over-all alcohol education program in the school.

The present study found 84 students or 20 per cent of the school population as having a mother and/or father with an alcohol problem. These parents were discovered by interviewing prominent professional and lay people within the school community. It was also interesting to note that 49 students from the total population of 420 did not complete the entire Alcohol Education Program. Of these 49 students, 19 or 38 per cent displayed a family alcohol problem. Since these students left the school system while the program was being presented it gave an indication of the great mobility of these families. These 49 students were not considered in the final analysis of the data. Therefore, final analysis consisted of 371 students with 65 of these students displaying a family alcohol problem.

There were significant differences in the biographical information displayed by students with a family alcohol problem. The parents of these students showed a significantly lower education level. There were significantly fewer siblings in the families with an alcohol problem, the fathers were in a lower socioeconomic group, and a greater number of the mothers were working outside the home. The students with a family alcohol problem also displayed a significantly greater absenteeism from school. Significant differences did not appear between the groups on age, grade in school, grade point average, ITED Composite Scores, or on intelligence level. On the Personality Inventories the students with a family alcohol problem displayed a greater degree of diffi-

culty with family relationships, social relationships, emotional stability, and adjustment to reality. In addition, these students showed lower self-regard and self-acceptance along with greater difficulty in accepting their agressive feelings. They also appeared more dependent in making decisions by displaying a greater need for support from others.

The sematic differential was used to compare the concepts self, health, present, future, friends, parents, school, teachers, alcohol, and alcoholic for each student. The concepts of self, parents, alcohol, present, future, were conspicuosly absent among the significant correlations for the students with a family alcohol problem. These students placed a higher value on teachers and school than the remainder of the population. This takes on additional meaning when considering the need for a counseling relationship.

In most cases significant differences did not appear between the groups on attitudes toward alcohol, alcohol education or the alcoholic. The exception was a significant movement toward the original attitude about the use of alcohol for the students with a family alcohol problem. These student's attitude toward the use of alcohol changed during the alcohol education program but reverted back over time. The middle-of-the-road attitude was not maintained.

There was no significant difference between the groups in retention of alcohol information. Nor did significant correlations appear between attitude change and the retention of alcohol information. It was concluded that being involved in a family alcohol problem did not mean that the student was more knowledgeable as far as alcohol information was concerned.

The study concluded that biographical data should be considered in developing a program of alcohol education; that responses to personality inventories, sematic differential and attitudinal scales display significant differences in relation to involvement in a family alcohol problem; but that the retention of alcohol information is not related significantly to involvement

with this particular problem. It was also concluded that a voluntary counseling program should be an important part of any alcohol education program.

During the initial testing program and at each retest period during the school year the students were given an opportunity, without a forced choice situation, to volunteer for individual counseling in relation to a family alcohol problem or as a means of obtaining more information about the problem than could be presented in the alcohol education curriculum. On the pre-testing, with no advanced information as to the program, 38 students indicated that they were interested in this type of counseling. During the remainder of the school year another 38 students volunteered for counseling making a total of 76 students out of the 371 who wished to participate in this relationship. It is interesting to note that the majority of the students came from families with an alcohol problem and that these students received a significantly greater number of counseling sessions in all phases of the school guidance department.

During the counseling phase a setting was established where the students could freely express their needs and feelings both verbally and behaviorally. The counselor presented genuineness, nonpossessive warmth and empathy in both the counseling sessions and the educational phase of the program. Since a holistic approach in relation to a positive concept of mental health was emphasized the counseling sessions went beyond the area of alcohol problems. The students were encouraged to look at themselves in relation to developing self-awareness as well as exploring school problems, social relations, future plans and other areas related to their interests. The counselor took on a supportive role in many cases and was perceived as a pseudo-parent while problems were being worked out on the family level. This related directly to the positive dependency relationships that are established in working in the field of alcoholism. These dependency relationships between the therapist and

the alcoholic become essential until the alcoholic establishes meaningful ways to replace the alcohol. The danger of a negative dependency takes place when the therapist blocks the movement to positive replacement because of his own needs.

It became the goal of the students to develop an awareness and understanding in relation to the family problem, to define their role in the family, and to re-enforce attitudes toward the use of alcohol and the alcoholic that would make their role more meaningful. The developmental approach was taken but became difficult at times because of the continued manifestations that relate to an alcohol problem. In this case the sessions reverted to a problem centered approach. However, freedom of choice, the illness concept of alcoholism, and the idea that this was not the student's illness, were continually stressed by the counselor toward a workable solution for the student. It was interesting to note that the student was not openly encouraged to do anything about the parent's problem. However, many of the students did interact directly with the parent who had a problem and several of the parents came into the outpatient treatment center for help during the school year and during the following year. They stated that the program had been a primary force in their seeking help at that time. This is very meaningful in the treatment of the alcoholic. Whenever an alcoholic can be motivated to seek treatment at the earliest possible stage of the illness a great service has been performed. Alcoholism is a progressive illness and the final months represent the greatest deterioration.

It was evident by reviewing the tapes of these individual counseling sessions, that these students were being deprived of a home environment conducive to positive growth. Ambivalent feelings toward various family members, difficulties with social relationships because of the home environment, a lack of love and security, and the need to act out to receive attention were evident throughout

the counseling sessions. However, the tapes indicate that in most cases when the student became aware and developed some understanding of the problem the feelings and relationships changed toward a positive direction and needs were fulfilled to a greater degree.

Additional data are being collected on a similar program on the seventh and eighth grade levels and the indications are that these are more suitable grade levels from both a developmental and preventative standpoint. For professionals working in all areas of alcoholism it has become very obvious that "an ounce of prevention is worth a pound of cure". It is possible that this type of program can be geared to even the elementary level with some positive advantages.

In summary, both the objective data and a subjective evaluation indicated that the counseling program was a very important phase of the over-all alcohol education program. It was obvious that the students knew they were involved in a problem that they did not understand. They sought counseling in relation to this problem. The testing indicated that the principle of cohesiveness took place between the students with a family alcohol problem and the remainder of the population. It was concluded that the students with this problem gained an opportunity to face reality to a greater extent during this program. It was also obvious that the school counselor, representing a non-authoritarian approach conducive to attitudinal development and change, was in an ideal position to give this program the emphasis that it deserved. With such a large percentage of the students involved in this particular problem it would appear meaningful for the counselor to investigate the possibility of a family alcohol problem when faced with deviant behavior, underachievement, or other negative manifestations on the part of the particular student. The counselor also represents a natural

tie between the educational and counseling phases of the program. However, the counselor needs to explore his feelings and bias in relation to the use of alcohol, the alcoholic and alcohol education before embarking on such a program. The stress is on self awareness of personal attitudes. The student, like the alcoholic, is very aware of facades. This can be a meaningful challenge for the counselor who can be open, can share his own feelings and experiences and can show acceptance of the person in the counseling relationship.

Positive changes in acceptance, awareness and understanding of alcohol problems and between most of the students in the school took place because the entire population was involved in some phase of the alcohol education and counseling program. In addition, the subjects of alcohol and alcoholism were shown to be of interest to the whole student body as indicated by their strong desire for such a program. This was displayed by both the objective measures of attitudes toward alcohol education and by the feedback that was received from the student body and the parents in relation to the over-all program. It was very obvious that parents and students were very interested in exploring this particular timely social issue. A longitudinal study is planned in the future to determine the level of involvement that these students experience with the use of alcohol. This will undoubtedly become the final measure of the effectiveness of this program.

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